

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE WESTERN DISTRICT OF PENNSYLVANIA**

POWER OF ATTORNEY

APPENDIX "A"

NOTICE

THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU.

THIS POWER OF ATTORNEY DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS, BUT WHEN POWERS ARE EXERCISED, YOUR AGENT MUST USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS POWER OF ATTORNEY.

YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME INCAPACITATED, UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THESE POWERS OR YOU REVOKE THESE POWERS OR A COURT ACTING ON YOUR BEHALF TERMINATES YOUR AGENT'S AUTHORITY.

YOUR AGENT MUST KEEP YOUR FUNDS SEPARATE FROM YOUR AGENT'S FUNDS.

A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS YOUR AGENT IS NOT ACTING PROPERLY.

THE POWERS AND DUTIES OF AN AGENT UNDER A POWER OF ATTORNEY ARE EXPLAINED MORE FULLY IN 20 P.A.C.S. CH. 56.

IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER OF YOUR OWN CHOOSING TO EXPLAIN IT TO YOU.

I HAVE READ OR HAD EXPLAINED TO ME THIS NOTICE AND I UNDERSTAND ITS CONTENTS.

GENERAL DURABLE
POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS, which are intended to constitute a General Durable Power of Attorney pursuant to the Pennsylvania Probate, Estates, and fiduciaries Code of 1972, 20 Pa. C.S.A. Sections 5601-5608, et seq., as amended, that I, **ROBERT LELLOCK** of Somerset County, Pennsylvania, do make, constitute and appoint, **THOMAS R. BURNS**, as my true and lawful attorney-in-fact, to act for me and in my name to manage any and all of my personal and financial affairs, and in connection therewith to perform all such acts as she may deem necessary or proper, including specifically, but not by way of limitation, full authority to do any or all of the enumerated acts set forth below. In the event **THOMAS R. BURNS** is unwilling or unable to act or to continue to act as my attorney-in-fact, then I appoint **JOHN R. PARROCCINI, Esq.** to act as my substitute or successor attorney-in-fact with the same powers.

I have read and fully understood the Notice as set forth in Appendix "A" to this document as indicated by my execution of this Power of Attorney.

My attorney-in-fact's power and authority shall include, but are not limited to, the following, as such are set forth in the Pennsylvania Probate, Estates and Fiduciaries Code of 1972, 20 Pa.C.S.A. Sections 5602 and 5603:

1. To make gifts.
2. To create a trust for my benefit.
3. To make additions to an existing trust for my benefit.
4. To claim an elective share of the estate of my deceased spouse.
5. To disclaim and interest in property.

6. To renounce fiduciary positions.
7. To withdraw and receive the income or corpus of a trust.
8. To authorize my admission to a medical, nursing, residential or similar facility and to enter into agreements for my care.
9. To authorize medical and surgical procedures.
10. To engage in real property transactions.
11. To engage in tangible personal property transactions.
12. To engage in stock, bond and other securities transactions.
13. To engage in commodity and option transactions.
14. To engage in banking and financial transactions.
15. To borrow money.
16. To enter safe deposit boxes.
17. To engage in insurance transactions.
18. To engage in retirement plan transactions.
19. To handle interests in estates and trusts.
20. To pursue claims and litigation.
21. To receive government benefits.
22. To pursue tax matters.
23. To make anatomical gifts

With regard to all accounts now owned or hereafter acquired in my name at any bank, bank and trust company, trust company, savings and loan association, building and loan association, savings bank, credit union, private bank, national bank (hereinafter referred to

collectively as "financial institutions") or investment institution of any kind, my attorney-in-fact shall have the power to:

- A. Sign checks, drafts, orders, notes, bills of exchange and other instruments or otherwise make withdrawals from designated checking, savings, transaction, deposit loan, or other accounts in my name and receive the proceeds in cash or otherwise;
- B. Open and close such accounts in my name, purchase and redeem any savings certificates, certificate of deposit or similar instrument in my name and execute and deliver receipts for any funds withdrawn or certificate redeemed;
- C. Deposit any funds received for me in my accounts;
- D. Do all acts regarding such checking, savings, transaction, deposit, loan, or other accounts, savings certificate, certificate of deposit or similar instrument, the same as I could do if personally present; and
- E. Sign any tax information or reporting form required by federal, state or local taxing authorities, including, but not limited to any form W-9 or similar form.

Any financial institution or investment institution of any kind may continue to rely on this Power of Attorney until it receives written notice from me that this Power of Attorney is revoked or actual notice of my death. Further, the financial or investment institution shall be indemnified and held harmless by me and my estate, personal representatives and heirs against any liability or loss, including attorney's fees, costs of suit, and claims of third parties, which might incur by relying on this Power of Attorney after termination by revocation or death, but before it receives actual notice thereof, or at any time because of wrongful acts, omissions or

representations of the attorney concerning transactions covered by the Power of Attorney. Should I ever be adjudged incompetent or incapacitated by a court, I nominate, **THOMAS R. BURNS**, to be guardian of my person and estate. In the event he should be unwilling or unable to serve or to continue to serve, then I nominate **JOHN R. PARROCCINI, Esq.** to be guardian of my person and estate.

I intend this Power of Attorney to be enforceable in all jurisdictions, whether in the United States or any other country. If any portion of this Power of Attorney is determined to be invalid or unenforceable, the validity and enforceability of the remainder shall be unaffected thereby.

I hereby agree to hold harmless (and direct my guardian or executor to do the same) my attorney-in-fact and any other person or entity and waive any cause of action I might have against them as a result of actions taken at the direction of my attorney-in-fact or in reliance on this Power of Attorney.

I direct that this Power of Attorney shall not be affected by my subsequent disability or incapacity or by uncertainty as to whether I am alive at the time my attorney-in-fact is acting hereunder, and I direct that all acts done by my attorney-in-fact shall have the same effect as if I were alive, competent and not disabled unless or until my attorney-in-fact has actual knowledge of my death.

Any person dealing with my attorney-in-fact shall be fully protected in relying upon a photocopy of the Power of Attorney, provided that such copy contains all pages hereof, without the necessity for the production or delivery of the original, executed copy thereof.

I hereby ratify and confirm all acts and things which my attorney-in-fact shall lawfully do

or cause to be done pursuant to the terms of the Power of Attorney, with the same powers, and to all intents and purposes with the same validity, as if I were personally present and performed the same.

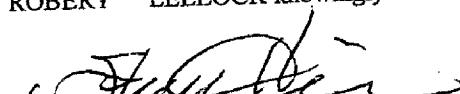
This Power of Attorney shall not be diminished or revoked by the passage of time from the date of execution and shall remain in full force and effect until revoked by me in writing, which right of revocation I hereby retain or by a subsequent instrument.

IN WITNESS WHEREOF, I, ROBERT LELLOCK, have signed my name this

12 day of Jan, 2018


ROBERT LELLOCK

ROBERT LELLOCK knowingly and voluntarily signed this document in our presence.


WITNESS
WITNESS

Address: 1600 Walters Mill Rd

Somerset PA 15510

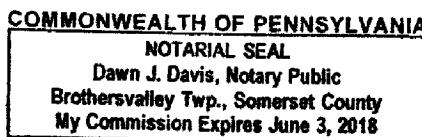
Address: 1600 Walters Mill Rd

Somerset, PA 15510

COMMONWEALTH OF PENNSYLVANIA)
) SS:

COUNTY OF SOMERSET

On this 13th day of Jan, 2018, before me a notary public, the undersigned officer, personally appeared ROBERT LELLOCK, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within document and acknowledged that he executed the same for the purposes therein contained.



Adam Wallace
Notary Public

My commission expires: June 3 2018

ACCEPTANCE OF APPOINTMENT

I hereby accept the foregoing appointment as attorney-in-fact of ROBERT LELLOCK and agree to act on her behalf pursuant to the provisions of the within document.

Date: 1/19/2018



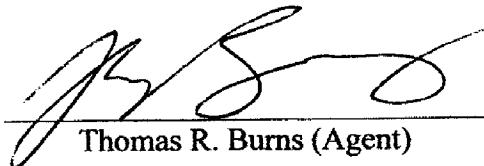
THOMAS R. BURNS

ACKNOWLEDGMENT BY AGENT

I, Thomas R. Burns, have read the attached power of attorney and am the person identified as the agent for the principal, Robert Lellock. I hereby acknowledge that when I act as agent:

I shall act in accordance with the principal's reasonable expectations to the extent actually known by me and, otherwise, in the principal's best interest, act in good faith and act only within the scope of authority granted to me by the principal in the power of attorney.

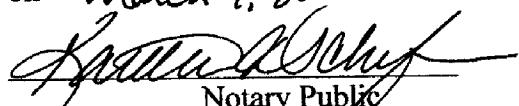
Dated: March 7, 2018



Thomas R. Burns (Agent)

Subscribed and sworn to before me

on March 7, 2018



Notary Public

My commission expires on

